

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AD FILDD | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| TOTAL DEP. | 91 | | | | | |
| TOTAL CLAIMS | 92 | | | | | |

| | AD FILDD | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| TOTAL NO. | | | | | | |
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